

## CHSFMC Mission Statement

To enable HRSA's providers and programs to effectively participate in managed systems of care so that they can meet the health care needs of underserved populations.

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## Center for Managed Care Has a New Name

**T**he Center for Managed Care recently received a new name which became official in the January 31, 2001 issue of the *Federal Register*. Reflecting its increasingly broader role in addressing all issues in financing health services for underserved populations, it is now called the **Center for Health Services Financing and Managed Care**. It remains located in the Office of the HRSA Administrator. ■

## MCTAC Assists HRSA Grantees with Managed Care Expertise

**H**RSA grantees and safety net providers throughout the U.S. are receiving expert technical assistance and training from the Managed Care Technical Assistance Center, known as MCTAC. MCTAC offers comprehensive technical assistance and locally sponsored workshops on how to navigate the managed care system. A full range of services is available: workshops and training sessions; technical assistance on site, online, or by telephone; technical publications and articles; and review of managed care contracts. MCTAC is managed

by the HRSA Center for Health Services Financing and Managed Care.

Among the topical areas where assistance is offered:

- ♦ management information systems
- ♦ clinical issues in managing care
- ♦ contract negotiations with managed care organizations
- ♦ cultural competence
- ♦ improved reimbursements

The experts who conduct the training sessions and provide the technical

*Continued, see MCTAC Assists HRSA, page 2*

## Follow-up on the Institute of Medicine Report on the Health Care Safety Net

**I**n the last issue of the Newsletter, we highlighted the long-awaited report from the Institute of Medicine (IOM) on the future integrity and viability of the health care safety net, which was issued on March 30, 2000. This study examined the impact of Medicaid managed care and other changes in health care on the future of America's safety net, which serves a large portion of low-income and

uninsured Americans. It was sponsored and funded by HRSA's Center for Health Services Financing and Managed Care. The report included the following recommendations.

- ♦ Federal and State policy makers should explicitly take into account and address the full impact (both

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assistance are senior executives from managed care organizations. They have extensive experience not only with managed care but also with programs that serve Medicaid, medically underserved and special needs populations, and that train health care professionals.

Over the last year more than 140 HRSA grantees and safety net providers received technical assistance from MCTAC. They represent the breadth of HRSA programs.

Examples:

- ◆ **Family Practice Residency Program and Cultural Competence:** Family practice residents and faculty participated in a half day workshop on issues of diversity and cultural competence, which was planned and facilitated by a consultant secured by MCTAC. The focus was identifying practitioner misconceptions about different cultures and developing some of the skills involved in effective cultural competence programs. Case studies were used to facilitate a highly interactive session and participants gained new skills, as well as valuable insights about their biases and misinterpretations.
- ◆ **Area Health Education Centers and Cultural Competence:** The 4th Annual AHEC Institute on Cultural Competency focused on assessment of cultural competency. MCTAC arranged for a cultural competency expert to work with the group. General cultural competence assessment issues at the organizational level were discussed and an interactive case study allowed participants to explore many of the issues and strategies in depth.
- ◆ **Agency Serving Children with Special Health Needs:** A mission oriented home health agency serving children with special needs sought assistance from MCTAC in

pursuing Medicaid managed care arrangements. Earlier efforts to secure contracts had been unsuccessful. MCTAC identified a consultant familiar with the home health agency's health care environment and competition. With the consultant's hands-on help, the agency identified the appropriate MCOs, made the contacts, and secured at least one major MCO contract.

- ◆ **Migrant Health Center:** A migrant primary care center that has limited financial resources and faces an uncertain future sought MCTAC help to reorganize its services to be able to become a Medicaid managed care primary care provider. MCTAC provided a consultant to help the center's leadership assess its internal and external environment and determine its potential for meeting provider criteria. MCTAC services enabled the center to focus on a course of action to prepare for future provider status.
- ◆ **HIV/AIDS Providers:** A diverse group of more than 20 Ryan White Title III providers sought assistance in understanding managed care for HIV/AIDS populations and learning how to market and negotiate managed care contracts that would cover their services. A consultant experienced in providing HIV/AIDS services and securing managed care coverage worked with the group in a one-day workshop. As a follow-up to the workshop, at least one of the participating providers is actively pursuing a managed care arrangement with the help of the consultant.
- ◆ **Public Health:** A public health association requested and received support from MCTAC about public health and managed care collaborations. A meeting of public health departments and Medicaid managed care organizations was organized. An experienced managed care consultant guided the group in exploring the opportunities for collaboration and provided multiple illustrations of successful joint initiatives. As a result, joint projects are being developed in such areas as immunizations and prenatal care outreach. ■

### Local Health Departments' Study on Delivery of Health Care Services

The University of Pittsburgh School of Public Health is studying the changes in both urban and rural health departments related to their function as safety net providers. The study is evaluating the extent and the impact of changes due to managed care and related forces (such as welfare reform and the changing roles of health departments) on health department capacity to provide or assure personal health services to low income and vulnerable populations. The study is in its final phase with a report expected during the summer.

To access services and obtain further information on HRSA's MCTAC:

- ◆ Call toll-free: 1-877-832-8635
- ◆ Fax: 703-528-7480
- ◆ E-mail: [hrsa\\_mctac@jsi.com](mailto:hrsa_mctac@jsi.com)
- ◆ Web site: [www.jsi.com/hrsamcta](http://www.jsi.com/hrsamcta)

**Follow-up Report on the Health Care Safety Net**, from page 1

intended and unintended) of changes in Medicaid policies on the viability of safety net providers and the populations they serve.

- ◆ All Federal programs and policies targeted to support the safety net and the populations it serves should be reviewed for their effectiveness in meeting the needs of the uninsured.
- ◆ Concerted efforts should be directed to improving this Nation's capacity and ability to monitor the changing structure, capacity, and financial stability of the safety net to meet the health care needs of the uninsured and other vulnerable populations.
- ◆ Given the growing number of uninsured people, the adverse effects of Medicaid managed care on safety net provider revenues, and the absence of concerted public policies directed at increasing the rate of insurance coverage, a new targeted Federal initiative should be established to help support core safety net providers that care for a disproportionate number of uninsured and other vulnerable people.

Since then, the Department of Health and Human Services has established an interagency Steering Committee to guide and coordinate consideration of the recommendations. Rhoda Abrams, Director of the HRSA Center for Health Services Financing and Managed Care, serves

as its Chair. Members come from all of the HHS components that are affected by the Report's proposals.

The recommendation related to the monitoring of the safety net includes establishment of a tracking and monitoring system. This would be one step towards improving the Nation's ability to monitor the changing structure, capacity, and financial stability of the safety net to meet the health care needs of the uninsured and other vulnerable populations. The HRSA Center, working with ASPE and AHRQ formed a working group to examine the feasibility of establishing a health care safety net monitoring system that would respond to the IOM recommendation and monitor the ongoing viability of State and local safety nets.

One of the first tasks undertaken by the working group was the convening of a meeting of data experts to solicit their insights and gather information about the identification of the measures that could be useful to assess the status of the health care safety net and develop a framework for guiding future safety net data efforts. This meeting focused on the following:

- ◆ Developing better knowledge about the safety net data already available and how to improve the data.
- ◆ Developing better knowledge of what needs to be measured.
- ◆ Understanding what can be monitored and what is feasible to measure.
- ◆ Beginning a process of identifying and developing new

data measures to monitor and track the performance of the safety net.

AHRQ, HRSA, and the Office of the Assistant Secretary for Planning and Evaluation have begun a joint safety net monitoring initiative to identify data and measures currently available, develop clearer knowledge of what needs to be measured, understand data development needs, and assess the feasibility of monitoring these areas.

A three part strategy has been developed focusing on safety net providers and the populations they serve. This strategy includes:

- ◆ Develop a chart book to describe baseline information. Core information for the chart book will come from existing Safety Net Assessment data and will be supplemented with data from country, State, and Federal levels where available. Current plans call for both a print product and a Web-based interactive data tool.
- ◆ Develop a tool kit to enable State and local health officials to measure key indicators for their service areas.
- ◆ Work toward a longer-term research agenda to develop data and build capacity to monitor the status of and changes in local safety nets. ■

For access to the report, *America's Health Care Safety Net: Intact but Endangered*, see the IOM Web site at: [www.iom.edu](http://www.iom.edu).

## HRSA Again Sponsors Summer Fellowship for Medical Students on Managed Care

**T**he Center for Health Services Financing and Managed Care and the Bureau of Health Professions again has offered the Managed Care Fellowship Program this summer. The American Medical Student Association coordinates the program, in collaboration with the Tufts Managed Care Institute which develops and conducts weekly seminars. The Fellowship is a seven-week program

designed to introduce medical students to managed care issues, particularly as they relate to providing health services to underserved populations. The program is designed for students between their first and second years of medical school. It combines an in-depth orientation to managed care and health services administration with weekly seminars and field placements in managed care. Each student

develops a paper on topics such as the provision of care to underserved populations, utilization review, Medicaid and Medicare managed care, delivery of preventive services, practice guideline development, and outcomes measurement. Students are placed in managed care organizations and community health centers in Boston. ■

## Participation of School Based Health Centers in Medicaid and SCHIP

**S**chool based health centers are now providing primary care services in nearly 1,300 sites across the country serving more than a million children. An invitational working conference to explore issues around participation in Medicaid and State Children's Health Insurance Programs (SCHIP) was held in Rockville Maryland on April 23. Co-sponsors were the Center for Health Services Financing and Managed Care, the Bureau of Primary Care, and the Maternal and Child Bureau in HRSA along with the Health Care Financing Administration (HCFA). The meeting included approximately 85 representatives from State Medicaid agencies, State SCHIP Directors, school based health centers, managed care organizations, relevant national association partners, and Federal agency staff from HRSA and HCFA. Watch the Center's Web site ([www.hrsa.gov/financeMC](http://www.hrsa.gov/financeMC)) for updates on progress on these issues. ■

## Fact Sheets on Medicaid for State Health Officials

**S**tate and local health officials, as well as provider organizations wanting to know more about Medicaid in their States, will find useful a series of fact sheets published by HRSA. They are developed specifically to assist public health officials in understanding how Medicaid works and can provide access to health services for underserved populations.

Fact sheets on these three topics are now available and can be found on HRSA's Web site at

[www.hrsa.gov/medicaidprimer](http://www.hrsa.gov/medicaidprimer):

- ◆ Rural Health Services
- ◆ Maternal and Child Health Services
- ◆ Oral Health Services

Additional topics are under development:

- ◆ School-Based Health Services
- ◆ People Living with HIV/AIDS
- ◆ Health Care for the Homeless ■

## Project Evaluating Safety Net Changing Capacity Nears Completion: Addresses Issues in IOM

As reported in the last issue, Mathematica Policy Research (MPR) is conducting an in-depth study to evaluate the changing capacity of safety net providers caring for uninsured and low-income patients in five communities across the country: Columbus, Ohio; Oklahoma City, Oklahoma; Kansas City, Missouri; Detroit, Michigan; and San Antonio, Texas. This study addresses many of the concerns raised in the recently completed IOM Study: *America's Health Care Safety Net: Intact But Endangered*. It describes major economic and policy forces — including the growth of managed care, possible erosion of the funding that providers have relied upon to help provide care for the uninsured, and the increase in the number of uninsured — that have impacted safety net provider capacity over the past several years. Most importantly, it seeks to identify efficient and systematic ways of collecting comparable information on local safety nets from both local and national data sources — a concern expressed in the IOM report.

The fieldwork in the five communities is now complete and a final report is expected to be available during the summer. Watch the Web site for the Center for Health Services Financing and Managed Care for more information at [www.hrsa.gov/financeMC](http://www.hrsa.gov/financeMC).



## Special Project Supports Integrated HIV/AIDS Networks

**T**he Center for HIV Care Networks, based at George Washington University's Center for Health Services Research and Policy, provides focused technical assistance to three HIV/AIDS care delivery systems. A part of the SPNS program (Special Projects of National Significance), operated by the HRSA's HIV/AIDS Bureau, the project provides a range of services to help form and develop networks among Ryan White Care Act providers. A goal of the project is to identify the most useful strategies for assisting HIV/AIDS organizations that operate in Medicaid and private managed care environments.

Each local delivery system in the project receives a managed care readiness and environmental assessment to determine the scope of assistance required. An individualized technical assistance plan is developed. Providers then have a menu of technical assistance options available to them and receive group and individual training and technical assistance, with financial management and information systems receiving special emphasis. A mutually agreed upon work plan guides network development and implementation. At the conclusion of the project, there will be an evaluation of the impact of network implementation on the organization of the local HIV care system, provider performance, and quality of care.

Each site is different — in the structure and operations of the Medicaid program in its state, the nature and circumstances of the local provider community, and the stage of network development. The three demonstration sites are located in New York, Pennsylvania, and Michigan. ■

## SPNS Project Addresses Reimbursement of Quality HIV/AIDS Care

**T**he HIV/AIDS Bureau, through a SPNS initiative (Special Projects of National Significance), is supporting the Center for HIV Quality Care, housed at the Infectious Diseases Society of America. The work of this Center addresses three questions:

- ◆ What standards exist for providing quality health care and ancillary services to patients served by Ryan White Care Act supported organizations?
- ◆ How much does it cost to provide quality care to PLWH?
- ◆ How does each State Medicaid program stack up with regard to

eligibility, benefits, and reimbursement for the care of PLWH?

Activity has concentrated in these areas:

- ◆ Making available information on standards of medical care and supportive services.
- ◆ Developing practice guidelines for the primary care of patients with HIV and AIDS.
- ◆ Determining the cost of HIV care.
- ◆ Conducting research in several areas, including Medicaid benefit packages, eligibility requirements, and capitation rates (or fee-for-service reimbursement levels).

### Managed Care Self-Assessment Tool for HIV Support Service Agencies

A managed care readiness guide and self-assessment tool for HIV support service agencies will assist agencies considering participation in managed care networks, either as contractors or informal partners through linkage agreements or advocates for their clients. Prepared through HRSA's HIV/AIDS Bureau, the self assessment module (SAM) is intended to assist agencies in rapidly assessing their readiness to participate by using a simple, self-guided series of questions for staff and Boards of Directors. The SAM's objectives are to serve as a first step in an agency's managed care strategic planning process by helping:

- ◆ identify an agency's specific strengths and weaknesses as they relate to managed care readiness.
- ◆ develop an action plan of activities to undertake such as strategic planning, organizational development, staff training and technical assistance, and resource identification.
- ◆ provide an opportunity for groups of support service agencies to pool the results of their managed care readiness assessments to conduct benchmarking activities as part of efforts to develop an integrated service delivery system.

The guide is available through the MCTAC and on the Web site for the HIV/AIDS Bureau (<http://hab.hrsa.gov>).

- ◆ Disseminating this information through presentations, printed material, and a Web site.

The Center publishes a bimonthly newsletter in both hard copy and electronic form: *HIV Quality Care News*. To view the newsletter and obtain other information about this project, see [www.idsociety.org](http://www.idsociety.org). Follow the links to the HIV Quality Care Network and the Center for HIV Quality Care. ■

## New Publications Available on Cultural Competence in Managed Care

**T**wo new publications are now available that address the linguistic and cultural needs of patients in managed care arrangements. The first publication highlights award-winning programs that have developed successful interventions. These include interpretive services, cultural competence training for staff, targeted outreach programs and other approaches. The second is a technical assistance tool for purchasers of managed care.

### Best Practices in Award Winning Programs

*Cultural Competence Works*, a publication resulting from a national competition among HRSA grantees, describes a wide range of exemplary culturally competent methods and practices in award winning organizations. The document illustrates how these services add value to managed care arrangements, as well as enhance the organizations' ability to serve ethnically, linguistically and culturally diverse populations. Winning grantees participated in the recent "Cultural Competence Works Competition" and were presented Awards for Excellence and Certificates of Recognition.

*Cultural Competence Works* is available on the Web site of the Center for Health Services Financing and Managed Care: [www.hrsa.gov/financeMC](http://www.hrsa.gov/financeMC). It can also be obtained from the HRSA Information Center at 1-888-ASK HRSA or at [www.askhrsa.gov](http://www.askhrsa.gov).

### Purchasing Specifications on Cultural Competence

With funding from the Center for Health Services Financing and Managed Care, the George Washington University's Center for Health Services Research and Policy has completed and released purchasing specifications on cultural competence for use by purchasers of managed care. This technical assistance document is a tool to assist interested State officials in purchasing services from managed

care organizations on behalf of individuals who are eligible for Medicaid. While the document's primary focus is on Medicaid, much of the illustrative language also may be useful to other State purchasers, the Medicare program, and to large employers and other private purchasers of managed care products. The document is organized into ten different sections with each addressing a particular aspect of cultural competence. It contains sample contract compliance measures in addition to illustrative language. The ten sections cover the following topics:

- ◆ General duties
- ◆ Enrollee information
- ◆ Oral interpreter services
- ◆ Coverage determination standards and procedures
- ◆ Provider network
- ◆ Quality measurement and improvement
- ◆ Data collection and reporting
- ◆ Administration
- ◆ Complaints and grievances
- ◆ Definitions

These specifications are available on the Web site for George Washington's Center for Health Services Research and Policy: [www.gwu.edu/~chsrp](http://www.gwu.edu/~chsrp). ■

## Residency Rotation Resource Guide on Managing Care Under Development

**T**ufts Managed Care Institute (TMCI) is developing a set of new curriculum materials for training in managed care settings. Entitled: "The Residency Rotation Resource Guide on Managing Care", the development of the content is being funded in HRSA by the Bureau of Health Professions and the Center for Health Services Financing and Managed Care. The Guide is designed to support and facilitate the training of residents or medical students for practice in the managed care environment using a series of teaching sessions in community practices and at managed care organizations. It will contain lesson plans, content summaries in slide format, cases and practice scenarios, references, quizzes, and other instructional materials for 12 sessions.

For information and updates on the availability of the Guide, contact [www.tmci.org](http://www.tmci.org). ■

### Email Updates from CHSFC Now Available

Interested individuals can sign up for email distribution of newly released studies and other managed care information from the Center for Health Services Financing and Managed Care. Check the Center's Web site: [www.hrsa.gov/financeMC](http://www.hrsa.gov/financeMC).

## Study Focuses on Racial Disparities and Health Care Outcomes

**T**his project, based at Michigan State University, is a demonstration involving health plans and providers serving diverse populations. The purpose is to assess the feasibility and potential value of a health care report card that provides performance and outcomes information about racial and ethnic disparities in health care. It builds on an ongoing study

funded by the Commonwealth Fund. The demonstration includes a group of approximately fifteen health plans — six that are owned by community health centers. The intent is to produce measures that can be used as benchmarks for comparative purposes and are valuable tools for improving

quality and reducing health care disparities. A set of final reports will include a list of quality measures, a data collection manual, a section on the results of the data collection, and policy recommendations pertinent to serving the needs of a diverse patient population. ■

### HRSA Access Initiatives and Safety Net Studies to be Presented at APHA Annual Meeting

The Center for Health Services Financing and Managed Care has organized a session at the 129th Annual American Public Health Association Meeting in October entitled "HRSA Access Initiatives and Safety Net Studies. Presentations will cover two programs focusing on access to health services for uninsured and underinsured individuals and two studies on the current status of safety net.

### Purchasing Specifications Available

The Center for Health Services Research and Policy at the George Washington University has developed sample purchasing specifications for use by purchasers of managed care. The specifications provide options for language on key contracting issues for both Medicaid and other public and private sector purchasers as they prepare their purchasing agreements with managed care organizations.

The following subject areas are available:

- |                                       |   |   |
|---------------------------------------|---|---|
| ◆ Pediatric services (funded by HRSA) | ◆ Dental care   | ◆ Services for adults with mental illness and addictive disorders |
| ◆ HIV/AIDS services (funded by HRSA)  | ◆ Access to care (funded by HRSA)   | ◆ Reproductive health   |
| ◆ Immunizations                       | ◆ Care for persons experiencing homelessness (funded by HRSA)                                 | ◆ Diabetes  |
| ◆ Sexually transmitted diseases       | ◆ Cultural competency (funded by HRSA)  | ◆ Asthma  |
| ◆ Lead screening                      | ◆ Memoranda of understanding between managed care organizations and public health departments | ◆ Data and information  |
| ◆ Tuberculosis                        |   | ◆ Pharmaceuticals and pharmaceutical services                     |

Specifications are posted on the Web site for the Center for Health Services Research and Policy: [www.gwu.edu/~chsrp](http://www.gwu.edu/~chsrp).

## Brown Bag Managed Care Seminars for Federal Staff

**T**he Center for Health Services Financing and Managed Care continues its offering of presentations on current managed care issues through "brown bag" lunchtime seminars at the Parklawn Building. It is also available via Picture-Tel to Regional Office staff, BPHC staff in East/West Towers, and HCFA staff both in Baltimore and in Regional Offices.

On May 21, 2001 the Center for Health Services Financing and Managed Care and the HRSA Office of Women's Health joined forces to pres-

ent "Progress and Challenges: Recognizing the Health Needs of Women in Managed Care". The speakers were: Julianna S. Gonen, Ph.D., Director of Family Health with the Washington Business Group on Health and Robin Richman, M.D., F.A.C.O.G. Medical Director, Quality Improvement and Women's Health, at Tufts Health Plan. The presentation referenced a 2000 National Summit on Women's Health and Managed Care sponsored by the Jacob's Institute of Women's Health and the American Association of Health Plans. Both Drs. Gonen and Richman were active participants

in the Summit and are nationally recognized for their work and expertise in women's health issues. Topics included preventive services, including new recommendations by the US Preventive Service Task Force; gender specific practice guidelines and other efforts to coordinate care; efforts to reduce unintended pregnancy and STDs, as well as approaches to diagnose and treat mental illness and other chronic diseases.

Watch the Center's Web site, [www.hrsa.gov/financeMC](http://www.hrsa.gov/financeMC), for upcoming programs. ■

## National Academy of State Health Policy to Address Issues for HRSA

**T**his year the National Academy of State Health Policy will address several major policy issues of relevance to HRSA as a part of its regular examination of State Medicaid programs. Written as a series of stand-alone special reports, the National Academy will highlight their findings regarding: who is eligible and covered under Medicaid; criteria States are using to assure access to need services; what specific monitoring functions

are being implemented to measures quality of care; timely information on the financing of care; and the promotion of dental care for Medicaid beneficiaries. Each policy report will be posted on the HRSA Center for

Health Services Financing and Managed Care Web site. Information about the National Academy of State Health Policy and its State report can be found on its Web site at: [www.nashp.org](http://www.nashp.org). ■

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Department of Health and Human Services  
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